

Reg'd 10/521,686 SEP 2005

PTO/SB/01 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | | |
|--|------------------------|---|---------------|--|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | Attorney Docket Number | 16450US01 | | |
| | First Named Inventor | David A. Horsnell | | |
| | COMPLETE IF KNOWN | | | |
| | Application Number | 10/521,686 | | |
| | Filing Date | 01/18/2005 | | |
| | Art Unit | | | |
| <input type="checkbox"/> Declaration Submitted With Initial Filing | OR | <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Examiner Name | |
| | | | | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Printing Device and Method Using Valve Control

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) July 11, 2003 as United States Application Number or PCT International

Application Number PCT/GB2003/003026 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------------|----------------------------------|--------------------------|--------------------------|-------------------------------------|
| | | | | YES | NO |
| 0217248.4 | Great Britain | July 25, 2002 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 4]

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10/521686 PTO/SB/01 (08-03)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number 23446 OR ☐ Correspondence address below

Name
Kirk A. Vander Leest
McAndrews, Held & Malloy

Address
500 West Madison Street, Suite 3400

City State ZIP
Chicago IL 60661

Country Telephone Fax
USA 312-775-8000 312-775-8100

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name David Andrew Family Name or Surname HORSNELL

Inventor's Signature [Signature] Date 12/7/05

Residence: City State Country Citizenship
Cambridge Gb United Kingdom Great Britain

Mailing Address
3 Perne Road

City State Zip Country
Cambridge CB1 3RX United Kingdom

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Matthew Brian Family Name or Surname TOMLIN

Inventor's Signature [Signature] Date 8/7/05

Residence: City State Country Citizenship
Cambridge Gb United Kingdom Great Britain

Mailing Address
4 Lingholme Close

City State Zip Country
Cambridge CB4 3HW United Kingdom

☒ Additional inventors or a legal representative are being named on the two supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Rec'd PCT/PTO
10/521686

19 SEP 2005

PTO/SB/02A (08-03)

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 4

| | | | | | |
|---|----------------|-------|----|---|----------------|
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | |
| Ammar | | | | LECHEHEB | |
| Inventor's Signature <i>Lecheheb</i> | | | | Date 12-07-05 | |
| Residence: City | Cambridge | State | GB | Country | United Kingdom |
| Citizenship | Great Britain | | | | |
| Mailing Address 3 The Paddock | | | | | |
| Mailing Address Harston | | | | | |
| City | Cambridge | State | | Zip | CB2 4PR |
| Country | United Kingdom | | | | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | |
| Oliver John | | | | PRIME | |
| Inventor's Signature <i>Oliver John</i> | | | | Date 8/7/2005 | |
| Residence: City | Cambridge | State | GB | Country | United Kingdom |
| Citizenship | Great Britain | | | | |
| Mailing Address 5 Lingholme Close | | | | | |
| Mailing Address | | | | | |
| City | Cambridge | State | | Zip | CB4 3HW |
| Country | United Kingdom | | | | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | |
| Michael James | | | | FOX | |
| Inventor's Signature <i>Michael James</i> | | | | Date 13/07/05 | |
| Residence: City | Rutland | State | GB | Country | United Kingdom |
| Citizenship | Great Britain | | | | |
| Mailing Address Silverstones, Church Lane | | | | | |
| Mailing Address Seaton | | | | | |
| City | Rutland | State | | Zip | LE15 9HR |
| Country | United Kingdom | | | | |

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

| | |
|--------------------|--|
| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet |
| Page 4 of 4 | |

| | | | | | |
|--|-----------|-------|------------------------|---|--------------------|
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| Christopher Michael | | | BATES | | |
| Inventor's Signature <i>Col Bates</i> | | | | Date 24/8/05 | |
| Residence: City | Kettering | State | GB | Country | United Kingdom |
| Mailing Address Boughton Spinney | | | | | |
| Mailing Address | | | | | |
| City | Kettering | State | | ZIP | Northants NN16 9JP |
| | | | | Country | United Kingdom |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| | | | | | |
| Inventor's Signature | | | | Date | |
| Residence: City | | State | | Country | |
| Mailing Address | | | | | |
| Mailing Address | | | | | |
| City | | State | | Zip | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| | | | | | |
| Inventor's Signature | | | | Date | |
| Residence: City | | State | | Country | |
| Mailing Address | | | | | |
| Mailing Address | | | | | |
| City | | State | | Zip | |

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19 SEP 2005

PTO/SB/81 (06-04)

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| | | |
|---|-------------------------------|--|
| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/521,686 |
| | Filing Date | January 18, 2005 |
| | First Named Inventor | David A. Horsnell |
| | Title | Printing Device and Method Using Valve Control |
| | Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 16450US01 |

I hereby appoint:

- ☒ Practitioners associated with the Customer
Number:

23446

OR

- ☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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- ☐ The address associated with Customer Number:

OR

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|--|--|-------|--|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | | | | |
| Telephone | | Fax | | | |

I am the:

- ☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|----------------------|-----------|---------|
| Signature | | Date | 2/18/05 |
| Name | Christopher M. Bates | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- ☒ *Total of six form is submitted.

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| First Named Inventor | David A. Horsnell |
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| Attorney Docket Number | 16450US01 |

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| <input type="checkbox"/> Firm or Individual Name | | | | |
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| Address | | | | |
| City | State | ZIP | | |
| Country | | | | |
| Telephone | Fax | | | |

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|--------------------------|-----------|---------|
| Signature | <i>David A. Horsnell</i> | Date | 12/7/05 |
| Name | David A. Horsnell | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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| Attorney Docket Number | 16450US01 |

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|----------------|-----------|---------|
| Signature | | Date | 1/18/05 |
| Name | Michael L. Fox | Telephone | |
| Title and Company | | | |

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| Filing Date | January 18, 2005 |
| First Named Inventor | David A. Horsnell |
| Title | Printing Device and Method Using Valve Control |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 16450US01 |

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Number:

23446

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

| | | | | | |
|--|--|-------|--|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | | | | |
| Telephone | | Fax | | | |

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|-----------------------|-----------|----------|
| Signature | <i>Ammar Lecheheb</i> | Date | 12-07-05 |
| Name | Ammar Lecheheb | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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| | Title | Printing Device and Method Using Valve Control |
| | Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 16450US01 |

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23446

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

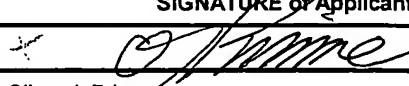
| | | | | | |
|--|--|-------|--|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | | | | |
| Telephone | | Fax | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

| | | | |
|---|---|-----------|----------|
| SIGNATURE of Applicant or Assignee of Record | | | |
| Signature |  | Date | 8/7/2005 |
| Name | Oliver J. Prime | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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RECEIVED SEP 2005

D-7/4

PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0661-0035

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|----------------------------------|
| Application Number | 10/521,686 |
| Filing Date | January 18, 2005 |
| First Named Inventor | David A. Horsnell |
| Title | Printing Device and Method Using |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 16450US01 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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23448

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Matthew B. Yomlin

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of six forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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